**Hines VA HUD VASH**

**Interest List Pre-Application for Project Based Voucher (PBV) Rental Assistance**

**Freedom’s Path 5000 S. 5th Ave, Bldg. 240, Hines, IL 60141**

Freedom’s Path is housing community serving Veterans who are homeless or at imminent risk of homelessness. To be eligible for the Freedom’s Path, applicants **MUST** be a Veteran who is homeless or at imminent risk of homelessness.

**If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call (708) 202-4952 or (708) 202-4615.**

**HEAD OF HOUSEHOLD (HOH) INFORMATION:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Veteran?  Yes No Years of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge Status: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF AVAILABLE, would you be interested in an apartment that includes basic furnishings? \_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

**Please list all people expected to reside in the household, starting with the HOH, and provide the following: *maximum 2 people***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First and Last Name of Each Household Member who will live in the Dwelling (List Head of Household First) | Disabled – Y or N | Relation to FamilyHead | Age | SexM / F | Social Security Number | Date of Birth | MaritalStatus \* |
|  |  | HEAD OF**HOUSEHOLD** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* Marital Status (S) Single (M) Married (D) Divorced (W) Widowed (X) Legally Separated

**Would any member of your family benefit from the features of an accessible unit? [ ]  Yes [ ]  No**

If yes, please describe the features needed, not the disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all sources of income (employment, disability, pension, etc.) and assets (checking/savings, IRA’s, etc.) for all household members:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Member | Type of Income  | Monthly Income | Type of Asset | Current Balance |
|  |  |  |  |  |
|  |  |  |  |  |

**Income Limits: 50% AMI Occupancy Standards:**

1 person - $26,600 2 person - $30,400 Studio– 1 or 2 persons One Bedroom – 1 or 2 persons

**PREFERENCES: check all that apply**

 Homeless Disabled VAWA – Domestic Violence Woman Veteran OEF/OIF/OND Veteran

**Please describe your housing situation:**

I am living on the streets, in my vehicle, or in an abandoned building I am living in a shelter

 I am living in transitional housing I am living with a family member or friend

 I am living in an apartment/house that I rent/own, but I must vacate within 30 days I am living in an apartment/house that I rent/own

 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Head of Household Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Co-Head / Spouse Print Name Date